

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.  
*10/586,072*  
Applicant(s)

Filing Date

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1	2				53						
4		2	1				54						
5		1	2				55						
6		1	2				56						
7		1	2				57						
8		1	2				58						
9		1	2				59						
10		1	2				60						
11		1	2				61						
12		1	2				62						
13		1	2				63						
14		1	2				64						
15		1	2				65						
16		1	2				66						
17		1	2				67						
18		1	2				68						
19		1	2				69						
20		1	2				70						
21		1	2				71						
22	1						72						
23		1	2				73						
24		1	2				74						
25		2	1				75						
26		1	2				76						
27	1						77						
28		1					78						
29		1	2				79						
30		2	1				80						
31		1	2				81						
32		1	2				82						
33		1	2				83						
34		1	2				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEP.	31	↓	←	←	↓	←							
TOTAL CLASRS	34	██████████	██████████	██████████	██████████	██████████							